COMPREHENSIVE PHYSIOTHERAPY

ORTHOPAEDIC ASSESSMENT & CLINICAL DOCUMENTATION

Joint-by-Joint Reference | Special Tests | MMT | Reflexes | Palpation | Red Flags | SOAP

Educational Resource Created by Mukul Kaushik Physiotherapist

Date of Assessment	
Clinician	
Patient Name	
Age	
Gender	
Occupation	
Address	
Referred By	
Dominant Hand	R / L

Chief Complaint (patient's own words):

Chief Complaint	

SECTION 1 — COMPREHENSIVE HISTORY TAKING

1.1 Present History (allow patient to narrate freely)

Date of Onset	
Mode of Onset	Sudden / Gradual / Insidious / Traumatic
Mechanism of Injury	
Duration	Acute (<6wk) / Sub-acute (6–12wk) / Chronic (>12wk)
Condition Progress	Improved / Stationary / Deteriorated
Muscular Weakness	Yes / No — Location: _____

1.2 SOCRATES Pain History

SOCRATES	Question to Ask	Clinical Relevance
S — Site	Where exactly is the pain? Point with one finger.	Localised = joint/tendon; diffuse = muscle/nerve/referred
O — Onset	Sudden or gradual? What were you doing?	Sudden: trauma/fracture/tear; Gradual: degenerative/inflammatory
C — Character	Sharp/stabbing, dull/aching, burning/tingling?	Sharp: nerve root/fracture; Burning: neuropathic; Aching: muscle/joint
R — Radiation	Does pain travel anywhere?	Below knee: sciatica; Into arm: cervical radiculopathy
A — Associations	Swelling, stiffness, weakness, clicking, fever?	Systemic symptoms = red flag
T — Time	Constant or intermittent? Morning worse?	Inflammatory: worse at rest/AM; Mechanical: worse with activity
E — Exacerbating/Relieving	What makes it worse/better?	Night pain (unrelenting) = red flag
S — Severity	VAS/NRS 0–10 at rest, on movement, average	Functional impact: work, sleep, hobbies

VAS/NRS Score	At rest: ___/10 On movement: ___/10 Average: ___/10
Type of Pain	Sharp / Dull / Aching / Burning / Throbbing / Pins & Needles / Shooting
Aggravating Factors	
Relieving Factors	

1.3 Past Medical History (PMH)

Tuberculosis	Yes / No
Bronchial Asthma	Yes / No
Blood Pressure (Hypertension)	Yes / No — Controlled: Yes / No
Diabetes Mellitus	Yes / No — Type 1 / Type 2
Cardiac Problems	Yes / No — Details: _____
Osteoporosis / Osteoarthritis	Yes / No

Rheumatoid Arthritis / Inflammatory	Yes / No
Malignancy / Cancer	Yes / No — Type: _____
Neurological Conditions	Yes / No — MS / Parkinson's / Neuropathy
Previous Surgeries / Fractures	Yes / No — Details: _____
Accidental Injury History	Yes / No — Details: _____
Mental Health (Depression/Anxiety)	Yes / No
Current Medications	
Allergies	Drugs: _____ / Latex: Yes / No

1.4 Family History

Hereditary Conditions	Yes / No — Details: _____
Consanguinity	Yes / No
Inflammatory Arthritis (RA/AS/PsA)	Yes / No
Osteoporosis	Yes / No
Cancer	Yes / No — Type: _____

1.5 Personal & Social History

Smoking	Yes / No — Number/day: ___ Duration: ___ years
Alcohol	Yes / No — Amount/day: ___ Duration: ___ years
Occupation & Physical Demands	Sedentary / Manual / Overhead / Repetitive / Prolonged sitting
Activity Level	Sedentary / Moderate / Active / Athletic
Home Environment	House/flat, stairs: Yes/No, Lives alone: Yes/No
Social Support	Family / Carer / Isolated
Socio-economic Status	

1.6 ICF Model — International Classification of Functioning

ICF Domain	Assessment Questions
Body Structure & Function	What is the impairment? Pain, ROM, strength, neurological function, swelling, deformity?
Activity Limitations	What can the patient NOT do? Walk, climb stairs, dress, drive, work, sleep?
Participation Restrictions	Work absence, cannot play sport, social isolation, family care, mental health impact?
Environmental Factors	Home setup, work demands, equipment access, support network, healthcare access?
Personal Factors	Beliefs, motivation, fear-avoidance, resilience, goals, cultural background?

SECTION 2 — RED FLAG & YELLOW FLAG SCREENING

2.1 Universal Red Flag Questions (Ask Every New Patient)

Red Flag Question	Finding
Unexplained weight loss recently?	Yes / No
Fever, chills, or night sweats?	Yes / No
History of cancer of any type?	Yes / No
Significant recent trauma (fall, accident, RTA)?	Yes / No
Long-term steroids or immunosuppressive medications?	Yes / No
Changes to bladder or bowel function? (Cauda Equina — EMERGENCY)	Yes / No
Numbness, tingling, or weakness in arms or legs?	Yes / No
Pain constant and unrelenting — not relieved by any position?	Yes / No
Pain waking from sleep at night?	Yes / No
Unexplained infections or IV drug use?	Yes / No
Bilateral leg weakness or saddle anaesthesia?	Yes / No
Dysphagia (difficulty swallowing)?	Yes / No
Slurring of speech / Dysarthria?	Yes / No
Drop attacks or diplopia (double vision)?	Yes / No
Possibility of pregnancy? (females)	Yes / No

⚠ If ANY red flag is POSITIVE → escalate immediately / refer to GP or Emergency.

2.2 Neurological Red Flags — Specific

Numbness / Hypoaesthesia	Yes / No — Location: _____
Tingling / Paraesthesia	Yes / No — Distribution: _____
Pins & Needles	Yes / No — Distribution: _____
Burning sensation	Yes / No
Shooting / Sharp radiating pain	Yes / No — Direction: _____
Bilateral symptoms	Yes / No
Progressive neurological deficit	Yes / No

2.3 Yellow Flag Screening — Psychosocial Risk (Predict Chronicity)

Yellow Flag	Question	Finding
Fear avoidance	Do you believe physical activity or work is harmful for your pain?	Yes / No
Catastrophising	Are you avoiding activities because you're afraid of making things worse?	Yes / No
Depression / Hopelessness	Do you feel depressed or hopeless about your condition?	Yes / No
Poor pain beliefs	Do you think this pain will never get better?	Yes / No

Sleep disturbance	Are you having problems sleeping because of pain?	Yes / No
Work absence	Are you off work? For how long?	Yes / No — Duration: ___
Compensation claims	Are there any legal proceedings or compensation claims?	Yes / No

STarT Back Score: ___/9 (0–4 = Low risk; 5–9 but subscale <4 = Medium; Subscale ≥4 = High risk)

SECTION 3 — GENERAL OBSERVATION

3.1 General Condition

General Built	Poor / Fair / Good
Body Weight / BMI	
Affect / Pain behaviour	Distressed / Calm / Guarding / Antalgic posturing

3.2 Postural Observation (Standing & Sitting)

Region	Observation	Finding
Head / Neck	Forward head posture / Lateral tilt / Rotation	Normal / Abnormal: _____
Shoulder level	Equal height / One elevated	R High / L High / Equal
Thoracic spine	Normal kyphosis / Hyperkyphosis / Hypo	
Lumbar spine	Normal lordosis / Hyperlordosis / Flat back / Scoliosis	
Pelvis	Neutral / Anterior tilt / Posterior tilt / Lateral tilt	
Knee alignment	Neutral / Genu valgum / Genu varum / Hyperextension	
Foot arch	Normal / Pes planus (flat) / Pes cavus (high arch)	

3.3 Soft Tissue & Skin Observation

Wasting / Atrophy	Absent / Present — Location & Severity: _____
Oedema / Swelling	Absent / Present — Pitting / Non-pitting — Location: _____
Redness (Erythema)	Absent / Present — Location: _____
Bruising / Ecchymosis	Absent / Present — Location: _____
Bandages / Splints	None / Present — Type: _____
Scars	Absent / Present — Adherent / Non-adherent — Area: ___ Extent: ___
Skin type	Normal / Dry / Excessive moisture
Temperature variation	Normal / Increased warmth (inflammation) / Cool
Deformities	Absent / Present — Details: _____
Attitude of limbs	Supine / Sitting / Standing — Bony contours: _____

3.4 Swelling Classification (Palpation Guide)

Swelling Type	Characteristic	Clinical Implication
Immediate (<2h)	Tense, warm, hard feeling	Haemarthrosis — ACL, fracture
Delayed (8–24h)	Boggy, spongy feeling	Synovial effusion — meniscus, sprain
Tough, dry	Hard, callus-like	Callus / chronic bony change

Leathery thickening	Diffuse, non-pitting	Chronic inflammation
Soft fluctuating	Fluid-filled, fluctuant	Acute bursa / synovitis
Hard	Fixed, non-compressible	Bony enlargement / exostosis
Pitting oedema	Slow-moving, thick	Systemic: cardiac, venous, lymphatic

3.5 Gait Assessment

Gait Type	Normal / Antalgic / Trendelenburg / Steppage / Scissor / Waddling / Hemiplegic
Stride Length	Normal / Reduced bilateral / Reduced unilateral (R / L)
Step Length	Normal / Reduced (R / L)
Base of Support	Normal / Wide / Narrow
Cadence	Normal / Slow
Arm Swing	Normal / Reduced (R / L) / Absent
Weight Bearing	Full / Partial / Non-weight bearing (R / L)
Gait Aid	None / Crutches / Walking stick / Frame / Wheelchair
Heel Strike	Present / Absent
Toe Clearance	Adequate / Reduced (R / L)
Hip Drop (Trendelenburg)	Present / Absent — Side: R / L
Lateral Trunk Shift	Present / Absent

SECTION 4 — PALPATION (General Principles)

4.1 Tenderness Grading Scale (Standard Orthopaedic)

Grade	Description	Documentation
Grade 1	Patient complains of pain on palpation	Tenderness 1/4
Grade 2	Patient complains of pain AND winces	Tenderness 2/4
Grade 3	Patient winces AND withdraws the part	Tenderness 3/4
Grade 4	Patient will not allow palpation of the joint	Tenderness 4/4

4.2 Palpation Assessment Parameters

Tenderness	Grade 1–4 at each anatomical structure (see joint sections)
D/F Tissue Tension & Texture	Normal / Increased tone / Decreased tone / Nodular / Fibrotic
Temperature Variation	Normal / Increased warmth / Cool
Spasm	Absent / Present — Location & Severity: _____
Skin Type	Normal / Dry / Excessive moisture
Scar	Absent / Present — Adherent / Non-adherent — Location: _____
Crepitus / Abnormal Sounds	Absent / Present — Fine / Coarse / Clicking — Location: _____
Swelling (see classification above)	Type: _____ Location: _____ Grade: _____
Trigger Points	Absent / Present — Location: _____ Referral pattern: _____
Tightness	Absent / Present — Muscle: _____

SECTION 5 — GENERAL EXAMINATION PRINCIPLES

5.1 Vital Signs

Blood Pressure	___/___ mmHg
Heart Rate	___ bpm
Respiratory Rate	___ breaths/min
Temperature	___ °C
SpO2	___ %
Weight / Height	___ kg / ___ cm

5.2 Range of Motion — Assessment Guide

ROM Type	What to Assess
Active ROM	When & where pain starts | Whether movement increases pain | Pattern of movement | Trick movements
Passive ROM	When & where pain starts | Range difference from active | End feel | Overpressure response

5.3 End Feel Classification

Type	Sub-type	Description / Example
Normal	Bone to Bone	Hard, abrupt stop — e.g. elbow extension
Normal	Soft Tissue Approximation	Soft, cushioned — e.g. knee flexion (calf/thigh)
Normal	Tissue Stretch	Firm, elastic — e.g. ankle dorsiflexion, shoulder ER
Abnormal	Early Muscle Spasm	Sudden, protective — pain stops movement early
Abnormal	Late Muscle Spasm	At end of ROM — irritable joint
Abnormal	Hard Capsular	Firm, premature stop — capsular tightening (OA, frozen shoulder)
Abnormal	Soft Capsular	Boggy, spongy — effusion, synovitis
Abnormal	Bone to Bone (abnormal)	Premature hard stop — osteophyte, fracture, loose body
Abnormal	Empty	No resistance, movement stopped by pain — serious pathology, tumour, fracture
Abnormal	Springy Block	Rebound, springy resistance — meniscal block, loose body

5.4 Capsular Patterns (Joint-Specific Restriction)

Joint	Capsular Pattern
Glenohumeral (Shoulder)	ER > Abduction > IR (most restriction in ER)
Elbow	Flexion > Extension
Wrist	Flexion = Extension equally limited

Hip	IR > Flexion > Abduction (FABER restricted)
Knee	Flexion > Extension
Ankle	Plantarflexion > Dorsiflexion
Cervical Spine	Lateral flexion & rotation equally limited (both sides)
Lumbar Spine	Lateral flexion & rotation equally limited, extension limited

5.5 MMT Grading Scale (MRC)

Grade	Description	Clinical Note
0	No contraction visible or palpable	Complete paralysis
1	Trace — visible/palpable contraction, no movement	Flicker only
2	Full ROM in gravity-eliminated position	Very weak
3	Full ROM against gravity, no added resistance	Functional minimum
4	Full ROM against gravity + some resistance	Mild weakness
5	Full ROM against gravity + full resistance — NORMAL	Normal strength

5.6 Sensory Assessment (MRC Grading)

Grade	Sensory Level	Description
S0	No sensation	Complete anaesthesia
S1	Deep proprioception only	Minimal sensation
S2	Skin touch, pain & thermal sensation	Basic protective sensation
S3	S2 + accurate localisation; deficient stereognosis	Near-normal — cold sensitivity, hypersensitivity possible
S3+	Object & texture recognition; good but not normal 2-point discrimination	Good functional sensation
S4	Normal sensation	Intact all modalities

Sensory Modalities to Test:

Superficial Sensations	Pain (pinprick) | Temperature | Light touch | Pressure
Deep Sensations	Movement sense (kinaesthesia) | Position sense (proprioception)
Combined Sensations	Stereognosis | Tactile localisation | Two-point discrimination | Graphaesthesia

5.7 Reflex Grading Scale

Grade	Description
0	Absent — no response even with reinforcement
1+	Diminished — reduced, sluggish response

2+	Normal — brisk, expected response
3+	Hyperactive / Brisk — exaggerated, may spread
4+	Exaggerated with clonus — UMN lesion indicator

5.8 Limb Length Discrepancy

Measurement	Landmarks	R	L
True Leg Length	ASIS to medial malleolus	___ cm	___ cm
Apparent Leg Length	Umbilicus to medial malleolus	___ cm	___ cm
Discrepancy	True difference	___ cm	

SECTION 6 — CERVICAL SPINE ASSESSMENT

6.1 Region-Specific History

Pain Location	Neck / Occiput / Shoulder / Upper limb / Interscapular
Radiation	C4 / C5 / C6 / C7 / C8 dermatomal / Non-dermatomal
Onset	Whiplash / Poor posture / Degeneration / Unknown
Headaches	Yes / No — Location: ___ Frequency: ___ Character: ___
Dizziness on neck movement	Yes / No
Arm weakness / clumsiness	Yes / No
Dysphagia / Dysarthria	Yes / No — (RED FLAG)
Bilateral arm symptoms	Yes / No — (RED FLAG)

6.2 Active Range of Motion — Cervical

Movement	Normal	Finding	Pain Y/N	End Feel
Flexion	0–80°	___°		
Extension	0–50°	___°		
L Lateral Flexion	0–45°	___°		
R Lateral Flexion	0–45°	___°		
L Rotation	0–80°	___°		
R Rotation	0–80°	___°		

6.3 Palpation — Cervical Spine

Structure	Side	Tenderness (0–4)	Tightness	Trigger Point
Occiput / C2 spinous process	Midline			
Cervical facet joints C2–C7	R / L			
Upper Trapezius	R / L		Yes / No	Yes / No
Levator Scapulae	R / L		Yes / No	Yes / No
Sternocleidomastoid (SCM)	R / L		Yes / No	
Scalenes (Ant/Mid/Post)	R / L		Yes / No	Yes / No
Suboccipitals	Bilateral		Yes / No	
Cervical Paraspinals	R / L		Yes / No	
Cervical Spinous Processes	C1–C7			

6.4 Key Muscles — MMT Cervical

Muscle	Nerve Root	Action	Grade R /5	Grade L /5
Sternocleidomastoid	CN XI, C2–C3	Neck flexion / rotation		
Upper Trapezius	CN XI, C3–C4	Shoulder shrug / neck lateral flexion		

Scalenes	C3–C8	Neck flexion / rib elevation		
Deep Neck Flexors (Longus colli/capitis)	C1–C6	Chin tuck / cervical stabilisation		
Cervical Extensors (Semispinalis, Splenius)	C3–C8	Neck extension		

Deep Neck Flexor Endurance Test: Patient supine, chin tuck, head lifted 2.5cm — hold ___ seconds (Normal >38 sec)

6.5 Neurological — Dermatomes, Myotomes & Reflexes (Cervical)

Level	Reflex	Myotome (Key Movement)	Dermatome (Sensory Area)	R	L
C4	—	Shoulder shrug	Shoulder cape area		
C5	Biceps, Brachioradialis	Shoulder ABD / Elbow flexion	Lateral arm / deltoid patch		
C6	Biceps, Brachioradialis	Wrist extension / Elbow flexion	Lateral forearm, thumb, index		
C7	Triceps	Elbow extension / Wrist flexion	Middle finger		
C8	—	Finger flexion	Ring & little finger, medial forearm		
T1	—	Finger abduction (interossei)	Medial forearm / axilla		

6.6 Special Tests — Cervical Spine

Foraminal Compression Test (Spurling's Test)	
Purpose	Cervical radiculitis — nerve root compression
Procedure	Lateral flexion + rotation toward symptomatic side + axial downward compression
Positive	Reproduction of radicular pain radiating into the ipsilateral arm
Negative	No arm pain; only local neck pain or no symptoms
Finding	Positive / Negative Remarks: _____

Modified Spurling's Test	
Purpose	Cervical radiculopathy — less aggressive version
Procedure	Lateral flexion only (without rotation) + gentle axial compression
Positive	Arm pain reproduced without rotation component
Negative	No arm pain reproduced
Finding	Positive / Negative Remarks: _____

Jackson's Compression Test

Purpose	Pressure on nerve root — cervical radiculopathy
Procedure	Examiner places hands on top of patient's head and applies slow, steady downward pressure while patient maintains neutral cervical position
Positive	Reproduction of radicular symptoms into the arm
Negative	No arm symptoms reproduced
Finding	Positive / Negative Remarks: _____

Cervical Distraction Test	
Purpose	Nerve root compression relief — confirms radiculopathy
Procedure	Manual traction applied to cervical spine in slight flexion (10–15 lb upward force)
Positive	Relief of arm pain or neck pain on distraction — confirms neural compression
Negative	No change or increased symptoms
Finding	Positive / Negative Remarks: _____

Shoulder Depression Test & Abduction Relief Test	
Purpose	Compression of nerve roots or brachial plexus lesion
Procedure	Depression: depress shoulder + lateral flex neck away — stretch brachial plexus. Abduction: patient abducts arm overhead (relief test)
Positive	Depression: pain/symptoms reproduced. Abduction relief: symptoms decrease — indicates nerve root compression
Negative	No reproduction / no relief
Finding	Positive / Negative Remarks: _____

Valsalva Test	
Purpose	Herniated disc / tumour / osteophyte — increased intrathecal pressure
Procedure	Patient takes deep breath and bears down (as if having bowel movement) while examiner monitors symptoms
Positive	Increased neck or arm pain — suggests space-occupying lesion increasing intrathecal pressure
Negative	No increase in symptoms
Finding	Positive / Negative Remarks: _____

Vertebral Artery Test / Cervical Quadrant Test

Purpose	Compression of vertebral artery — vertebrobasilar insufficiency (VBI)
Procedure	Patient supine or sitting. Cervical extension + rotation sustained for 10 seconds each side (De Kleyn's position)
Positive	5 Ds: Dizziness, Diplopia, Dysphagia, Dysarthria, Drop attack. STOP test immediately
Negative	No symptoms after 10 seconds each side
Finding	Positive / Negative Remarks: _____

Sharp-Purser Test (Atlanto-axial Instability — C1/C2)	
Purpose	Atlanto-axial instability — transverse ligament insufficiency
Procedure	Patient sitting, head in slight flexion. Examiner's thumb on C2 spinous process, hand on forehead. Posterior sliding pressure applied to forehead
Positive	Clunk sensation / reproduction of myelopathic signs / dizziness — C1/C2 instability. REFER for imaging
Negative	No clunk, no symptoms
Finding	Positive / Negative Remarks: _____

Upper Limb Tension Tests (ULTT) — Neural Tension

Test	Nerve Bias	Nerve Roots	Procedure Summary	Positive Finding
ULTT 1	Median nerve + Anterior interosseous nerve	C5, C6, C7	Shoulder depression → ABD 110° → ER → elbow extension → forearm supination → wrist + finger extension → cervical contralateral lateral flexion	Symptoms reproduced in thumb/index/middle finger; asymmetrical stretch
ULTT 2a	Median nerve + Musculocutaneous nerve + Axillary nerve	C5, C6	Shoulder girdle depression → elbow extension → forearm supination → wrist extension → shoulder ABD	Radial/median symptoms reproduced; C5/C6 distribution
ULTT 2b	Radial nerve	C6, C7, C8	Shoulder depression → elbow extension → forearm pronation → wrist + finger flexion → thumb flexion → shoulder ABD	Dorsum of thumb/index finger symptoms; radial nerve distribution
ULTT 3 (ULTT 4)	Ulnar nerve	C8, T1	Wrist extension → forearm pronation → elbow flexion → shoulder ER → shoulder ABD → shoulder depression	Ring and little finger symptoms; medial forearm; ulnar distribution

SECTION 7 — SHOULDER JOINT ASSESSMENT

7.1 Region-Specific History

Pain Location	Anterior / Posterior / Lateral / Diffuse / Radiating to arm
Mechanism	Overhead work / FOOSH / Dislocation / Insidious / Direct trauma
Night pain (on shoulder)	Yes / No
Clicking / Clunking	Yes / No
Instability / Giving way	Yes / No
Previous dislocation	Yes / No — Direction: Ant / Post / Inf
Overhead weakness	Yes / No
Painful arc range	___ ° to ___ °

7.2 Active Range of Motion — Shoulder

Movement	Normal	R Finding	L Finding	Painful Arc	End Feel
Flexion	0–180°				
Extension	0–60°				
Abduction	0–180°				
Internal Rotation	0–70°				
External Rotation	0–90°				
Horizontal Adduction	0–130°				

Painful arc: Present / Absent Range: ___° to ___° (60–120° = subacromial impingement pattern)
Scapular rhythm: Normal / Altered Winging: Present / Absent

7.3 Palpation — Shoulder

Structure	Tenderness (0–4)	Swelling	Other Findings
AC Joint		Yes / No	Crepitus: Y/N
SC Joint		Yes / No	
Greater Tuberosity (Supraspinatus insertion)		Yes / No	
Lesser Tuberosity (Subscapularis insertion)		Yes / No	
Bicipital Groove (LHB tendon)		Yes / No	Speed's pain: Y/N
Subacromial Space		Yes / No	Tenderness R/L
Anterior Joint Line		Yes / No	
Posterior Capsule		Yes / No	Tightness: Y/N

7.4 Key Muscles — MMT Shoulder

Muscle	Nerve Root	Action	Grade R /5	Grade L /5

Deltoid (anterior)	Axillary C5–C6	Shoulder flexion		
Deltoid (middle)	Axillary C5–C6	Shoulder abduction		
Deltoid (posterior)	Axillary C5–C6	Shoulder extension		
Supraspinatus	Suprascapular C4–C6	ABD initiation 0–30°		
Infraspinatus	Suprascapular C5–C6	External rotation		
Teres Minor	Axillary C5–C6	External rotation		
Subscapularis	Upper/Lower subscapular C5–C6	Internal rotation		
Pectoralis Major	Med/Lat pectoral C5–T1	Horizontal ADD / flexion		
Latissimus Dorsi	Thoracodorsal C6–C8	Extension / IR / ADD		
Serratus Anterior	Long thoracic C5–C7	Scapular protraction		
Trapezius (lower)	CN XI, C3–C4	Scapular depression / upward rot		
Biceps Brachii	Musculocutaneous C5–C6	Elbow flexion / supination		

7.5 Special Tests — Shoulder

Neer's Impingement Test	
Purpose	Supraspinatus & biceps tendon impingement
Procedure	Passive shoulder flexion with forearm pronated; examiner stabilises scapula
Positive	Pain in anterior/lateral shoulder at end range of flexion
Negative	No pain reproduced
Finding	Positive / Negative Remarks: _____

Hawkins-Kennedy Test	
Purpose	Subacromial impingement
Procedure	Shoulder flexion 90° + elbow flexion 90° + passive internal rotation
Positive	Pain in subacromial region — supraspinatus compressed under coracoacromial arch
Negative	No pain reproduced
Finding	Positive / Negative Remarks: _____

Empty Can Test / Jobe's Test	
Purpose	Supraspinatus tear or impingement

Procedure	Shoulder ABD 90° + horizontal ADD 30° + full IR (thumb down). Downward resistance.
Positive	Weakness or pain — supraspinatus tear or impingement
Negative	No weakness, no pain
Finding	Positive / Negative Remarks: _____

Full Can Test	
Purpose	Supraspinatus (more specific for tear)
Procedure	Same position but thumb up (ER). Downward resistance applied.
Positive	Weakness — more specific for full thickness tear
Negative	No weakness
Finding	Positive / Negative Remarks: _____

Drop Arm Test (Codman's Test)	
Purpose	Rotator cuff complex — full thickness tear
Procedure	Passively abduct arm to 90°, ask patient to slowly lower
Positive	Arm drops suddenly — significant rotator cuff tear
Negative	Controlled, smooth lowering
Finding	Positive / Negative Remarks: _____

Speed's Test (Biceps / SLAP)	
Purpose	Bicipital tendinitis / SLAP lesion
Procedure	Shoulder flexion with elbow extended, forearm supinated, against resistance
Positive	Pain in bicipital groove — biceps tendinopathy or SLAP
Negative	No pain at bicipital groove
Finding	Positive / Negative Remarks: _____

Yergason's Test	
Purpose	Bicipital tendon stability / tendinitis
Procedure	Elbow 90° flexion, forearm pronated. Resist supination + ER simultaneously.
Positive	Pain or snap at bicipital groove — instability or tendinopathy
Negative	No pain, no snap
Finding	Positive / Negative Remarks: _____

Lippman's Test	
Purpose	Bicipital tendinitis
Procedure	Palpation and transverse movement of long head of biceps tendon in bicipital groove with elbow flexed 90°
Positive	Local tenderness at bicipital groove — biceps tendinopathy
Negative	No tenderness at groove
Finding	Positive / Negative Remarks: _____

Gerber's Lift-Off Test	
Purpose	Subscapularis tear / weakness
Procedure	Patient places dorsum of hand on lower back, attempts to lift hand away from spine
Positive	Unable to lift hand from back — subscapularis insufficiency
Negative	Able to lift hand freely
Finding	Positive / Negative Remarks: _____

Belly Press Test	
Purpose	Subscapularis weakness/tear
Procedure	Patient presses palm into abdomen with elbow forward
Positive	Elbow drops back — subscapularis weakness
Negative	Elbow remains forward
Finding	Positive / Negative Remarks: _____

Apprehension Test	
Purpose	Anterior shoulder dislocation / instability
Procedure	Supine, shoulder 90° ABD + ER. Examiner applies gentle anterior force to humeral head
Positive	Patient apprehension or guarding — anterior instability
Negative	No apprehension or fear
Finding	Positive / Negative Remarks: _____

Rockwood Test	
Purpose	Anterior shoulder instability
Procedure	Sitting: shoulder ABD 45°, 90°, 120° + ER in each position
Positive	Apprehension in one or more positions — anterior instability

Negative	No apprehension in any position
Finding	Positive / Negative Remarks: _____

Relocation Test (Jobe's)	
Purpose	Confirm anterior instability
Procedure	After apprehension: posterior force applied to humeral head
Positive	Relief of apprehension — confirms anterior instability
Negative	No change in symptoms
Finding	Positive / Negative Remarks: _____

Dugas Test	
Purpose	Anterior shoulder dislocation
Procedure	Patient touches opposite shoulder with affected hand; examiner checks if elbow can touch chest
Positive	Elbow cannot touch chest and hand cannot reach opposite shoulder simultaneously — dislocation present
Negative	Normal: elbow touches chest
Finding	Positive / Negative Remarks: _____

Posterior Apprehension Test	
Purpose	Posterior shoulder dislocation
Procedure	Shoulder 90° flexion + IR + axial posterior loading
Positive	Apprehension / pain posteriorly — posterior instability
Negative	No apprehension
Finding	Positive / Negative Remarks: _____

Push-Pull Test	
Purpose	Posterior shoulder dislocation
Procedure	Supine: examiner pulls arm in ABD while applying posterior force to proximal humerus
Positive	Posterior subluxation / apprehension — posterior instability
Negative	No subluxation
Finding	Positive / Negative Remarks: _____

Sulcus Test

Purpose	Inferior shoulder instability / MDI
Procedure	Standing: examiner applies downward traction to arm at side
Positive	Visible/palpable sulcus >1cm inferior to acromion — inferior instability
Negative	No sulcus or <1cm
Finding	Positive / Negative Remarks: _____

Clunk Test	
Purpose	Labral tear (SLAP)
Procedure	Supine: arm fully ABD overhead, examiner rotates humerus while applying axial load and moving arm into ADD
Positive	Clunk or grinding sensation — labral tear
Negative	No clunk sensation
Finding	Positive / Negative Remarks: _____

O'Brien's Test	
Purpose	SLAP lesion / AC joint pathology
Procedure	90° flexion + 15° ADD + full IR (thumb down) → resist. Then supination → resist.
Positive	SLAP: deep pain worse in pronation, improved in supination. AC: pain at AC both positions
Negative	No pain in either position
Finding	Positive / Negative Remarks: _____

Cross-Body Adduction Test	
Purpose	AC joint pathology
Procedure	Passive horizontal adduction across body
Positive	Pain at AC joint — AC pathology
Negative	No AC joint pain
Finding	Positive / Negative Remarks: _____

Roos Test	
Purpose	Thoracic Outlet Syndrome
Procedure	Arms ABD 90° + ER, elbows 90° flexion. Open/close fists for 3 minutes (elevated arm stress test — EAST)
Positive	Fatigue, pain, paraesthesia, arm drops — TOS (subclavian or brachial plexus compression)
Negative	No symptoms in 3 minutes

Finding	Positive / Negative Remarks: _____

Wright Test	
Purpose	Thoracic Outlet Syndrome — costoclavicular
Procedure	Hyperabduction of arm with head turned away + radial pulse monitoring
Positive	Obliteration of radial pulse / reproduction of neurological symptoms
Negative	Pulse maintained, no symptoms
Finding	Positive / Negative Remarks: _____

Adson's Test	
Purpose	Thoracic Outlet Syndrome — scalene compression
Procedure	Abduct arm, extend and rotate head toward affected side, patient takes deep breath and holds. Monitor radial pulse.
Positive	Obliteration or diminishment of radial pulse — scalene/cervical rib compression of subclavian artery
Negative	Pulse maintained throughout
Finding	Positive / Negative Remarks: _____

Allen's Test (Shoulder context)	
Purpose	Thoracic Outlet Syndrome — pectoralis minor
Procedure	Arm ABD 90° + ER, head turned away. Monitor radial pulse.
Positive	Pulse obliterated — pectoralis minor compression of brachial plexus / axillary artery
Negative	Pulse maintained
Finding	Positive / Negative Remarks: _____

SECTION 8 — ELBOW JOINT ASSESSMENT

8.1 Active Range of Motion — Elbow

Movement	Normal	R Finding	L Finding	Pain Y/N	End Feel
Flexion	0–150°				Soft tissue approximation
Extension	0°				Bone to bone
Pronation	0–80°				Tissue stretch
Supination	0–80°				Tissue stretch

8.2 Palpation — Elbow

Structure	Tenderness (0–4)	Swelling	Other
Lateral Epicondyle		Yes / No	Common extensor origin
Medial Epicondyle		Yes / No	Common flexor origin
Olecranon / Olecranon Bursa		Yes / No	Crepitus: Y/N
Radial Head		Yes / No	
Cubital Tunnel (Ulnar nerve)			Tinel's: Y/N
Biceps Tendon (Antecubital Fossa)		Yes / No	
Common Extensor Origin (ECRB)			
Common Flexor Origin			

8.3 Key Muscles — MMT Elbow

Muscle	Nerve Root	Action	Grade R /5	Grade L /5
Biceps Brachii	Musculocutaneous C5–C6	Elbow flexion (supinated)		
Brachialis	Musculocutaneous C5–C6	Elbow flexion		
Brachioradialis	Radial C5–C6	Elbow flexion (mid pronation)		
Triceps Brachii	Radial C6–C8	Elbow extension		
Pronator Teres	Median C6–C7	Forearm pronation		
Supinator	Radial C6	Forearm supination		
Wrist Extensors (ECRB, ECRL, ECU)	Radial C6–C8	Wrist extension		
Wrist Flexors (FCR, FCU)	Median/Ulnar C7–C8	Wrist flexion		

8.4 Reflexes — Elbow

Reflex	Level	R Grade (0–4+)	L Grade (0–4+)

Biceps Jerk	C5–C6		
Brachioradialis Jerk	C5–C6		
Triceps Jerk	C7		

8.5 Special Tests — Elbow

Cozen's Test	
Purpose	Lateral epicondylitis (tennis elbow) — ECRB
Procedure	Elbow extended, forearm pronated. Patient makes fist, extends wrist — examiner resists wrist extension or patient resists wrist flexion applied by examiner
Positive	Pain reproduced at lateral epicondyle / common extensor origin
Negative	No pain at lateral epicondyle
Finding	Positive / Negative Remarks: _____

Mill's Test	
Purpose	Lateral epicondylitis
Procedure	Passively pronate forearm + extend elbow + flex wrist simultaneously in one combined movement
Positive	Pain reproduced at lateral epicondyle on combined passive stretch
Negative	No pain reproduced
Finding	Positive / Negative Remarks: _____

Maudsley's Test (Middle Finger Test)	
Purpose	ECRB involvement — lateral epicondylitis
Procedure	Resist extension of middle finger only with elbow extended
Positive	Pain at lateral epicondyle — ECRB-specific finding
Negative	No pain at lateral epicondyle
Finding	Positive / Negative Remarks: _____

Golfer's Elbow Test	
Purpose	Medial epicondylitis — common flexor origin
Procedure	Elbow extended, forearm supinated. Resist wrist flexion.
Positive	Pain reproduced at medial epicondyle / common flexor origin
Negative	No medial epicondyle pain
Finding	Positive / Negative Remarks: _____

Valgus Stress Test	
Purpose	Medial collateral ligament (UCL) integrity
Procedure	Elbow at 15–30° flexion. Examiner applies valgus (lateral) force while stabilising distal humerus.
Positive	Pain or laxity medially — UCL sprain or tear
Negative	Firm end feel, no laxity, no pain
Finding	Positive / Negative Remarks: _____

Varus Stress Test	
Purpose	Lateral collateral ligament integrity
Procedure	Elbow at 15–30° flexion. Examiner applies varus (medial) force.
Positive	Pain or laxity laterally — LCL injury
Negative	Firm end feel, no laxity
Finding	Positive / Negative Remarks: _____

Moving Valgus Stress Test	
Purpose	UCL / medial instability (overhead athletes)
Procedure	Maximum elbow flexion + sustained valgus stress while rapidly extending elbow
Positive	Pain between 70–120° during extension arc — UCL insufficiency
Negative	No pain during extension arc
Finding	Positive / Negative Remarks: _____

Tinel's Sign at Cubital Tunnel	
Purpose	Ulnar nerve entrapment at cubital tunnel
Procedure	Tap posterior medial elbow over ulnar nerve in cubital tunnel groove
Positive	Tingling or paraesthesia into ring and little finger (ulnar distribution)
Negative	No tingling or distal symptoms
Finding	Positive / Negative Remarks: _____

Elbow Flexion Test	
Purpose	Cubital tunnel syndrome
Procedure	Maximally flex both elbows + extend wrists simultaneously for 3–5 minutes
Positive	Tingling/numbness in ring and little finger (ulnar nerve distribution) within 3 minutes

Negative	No distal neurological symptoms
Finding	Positive / Negative Remarks: _____

Pronator Teres Test	
Purpose	Pronator teres syndrome — median nerve entrapment
Procedure	Resist forearm pronation with elbow extended
Positive	Pain in proximal volar forearm / paraesthesia in median nerve distribution (thumb, index, middle)
Negative	No forearm pain or median symptoms
Finding	Positive / Negative Remarks: _____

Wartenberg's Sign	
Purpose	Ulnar neuropathy — intrinsic hand weakness
Procedure	Patient holds fingers extended and adducted. Abduction of little finger at rest.
Positive	Little finger abducts involuntarily (or cannot adduct against resistance) — ulnar neuropathy
Negative	No involuntary abduction of little finger
Finding	Positive / Negative Remarks: _____

SECTION 9 — WRIST, HAND & FINGER ASSESSMENT

9.1 Active Range of Motion — Wrist

Movement	Normal	R Finding	L Finding	Pain Y/N
Wrist Flexion	0–80°			
Wrist Extension	0–70°			
Radial Deviation	0–20°			
Ulnar Deviation	0–30°			
Forearm Pronation	0–80°			
Forearm Supination	0–80°			

9.2 MCP, PIP & DIP Joint Assessment

Joint	Swelling	Tenderness (0–4)	ROM	Deformity
MCP 2–5	Yes / No		Flex: ___° Ext: ___°	
PIP 2–5	Yes / No		Flex: ___°	Boutonnière / Swan-neck
DIP 2–5	Yes / No		Flex: ___°	Mallet / Heberden's nodes
Thumb CMC	Yes / No			Grind: Y/N
Thumb MCP / IP	Yes / No			

Redness: Absent / Present — Location: _____ Anatomical snuffbox tenderness: Yes / No (scaphoid)

Grip strength (dynamometer): R ___ kg / L ___ kg Pinch grip: R ___ kg / L ___ kg

9.3 Key Muscles — MMT Wrist & Hand

Muscle	Nerve Root	Action	Grade R /5	Grade L /5
FCR (Flexor Carpi Radialis)	Median C6–C7	Wrist flexion + radial deviation		
FCU (Flexor Carpi Ulnaris)	Ulnar C7–C8	Wrist flexion + ulnar deviation		
ECRL / ECRB	Radial C6–C7	Wrist extension + radial deviation		
ECU	Radial C7–C8	Wrist extension + ulnar deviation		
FDS (Flexor Digitorum Superficialis)	Median C7–C8	PIP flexion		
FDP (Flexor Digitorum Profundus)	Median/Ulnar C7–C8	DIP flexion		
FPL (Flexor Pollicis Longus)	Median C8	IP flexion thumb		
Dorsal Interossei	Ulnar C8–T1	Finger abduction (DAB)		

Palmar Interossei	Ulnar C8–T1	Finger adduction (PAD)		
Thenar (APB, OP, FPB)	Median C8–T1	Thumb abduction/opposition		
Hypothenar (ADM, FDM)	Ulnar C8–T1	Little finger abduction/flexion		

9.4 Special Tests — Wrist & Hand

Phalen's Test	
Purpose	Carpal tunnel syndrome — median nerve compression
Procedure	Both wrists maximally flexed with dorsa of hands together, held for 60 seconds
Positive	Tingling/numbness in thumb, index, middle, radial half of ring finger within 60 seconds
Negative	No symptoms within 60 seconds
Finding	Positive / Negative Remarks: _____

Reverse Phalen's Test	
Purpose	Carpal tunnel syndrome
Procedure	Both wrists maximally extended (prayer position) held for 60 seconds
Positive	Tingling/numbness in median nerve distribution — more sensitive for some patients
Negative	No symptoms within 60 seconds
Finding	Positive / Negative Remarks: _____

Tinel's Sign at Carpal Tunnel	
Purpose	Median nerve entrapment at carpal tunnel
Procedure	Tap over volar wrist crease (carpal tunnel)
Positive	Tingling/electric sensation in median nerve distribution (thumb, index, middle)
Negative	No tingling or distal response
Finding	Positive / Negative Remarks: _____

Finkelstein's Test	
Purpose	de Quervain's tenosynovitis — APL + EPB
Procedure	Patient encloses thumb in fist, examiner passively ulnar deviates wrist
Positive	Sharp pain at radial styloid / first dorsal compartment (APL/EPB tendons)
Negative	Mild discomfort only (acceptable), no sharp pain

Finding	Positive / Negative Remarks: _____

Watson's Test (Scaphoid Shift)	
Purpose	Scapholunate ligament instability
Procedure	Thumb on scaphoid tubercle, wrist moved from ulnar to radial deviation
Positive	Clunk or pain over dorsal scapholunate — scapholunate tear
Negative	No clunk, no pain
Finding	Positive / Negative Remarks: _____

Ulnar Fovea Sign (Fovea Sign)	
Purpose	TFCC tear / DRUJ injury
Procedure	Deep palpation between ulnar styloid and FCU tendon
Positive	Marked tenderness — TFCC disruption or DRUJ instability
Negative	No tenderness at fovea
Finding	Positive / Negative Remarks: _____

CMC Grind Test	
Purpose	First CMC osteoarthritis
Procedure	Axial compression + rotation of first CMC joint (thumb base)
Positive	Pain and/or crepitus at first CMC joint — osteoarthritis
Negative	No pain or crepitus
Finding	Positive / Negative Remarks: _____

Sweater Finger Sign	
Purpose	Ruptured FDP tendon (Flexor Digitorum Profundus)
Procedure	Patient makes a fist — observe if a finger remains extended
Positive	One finger fails to flex at DIP — ruptured FDP at that digit
Negative	All digits flex fully
Finding	Positive / Negative Remarks: _____

Bunnel-Litter Test	
Purpose	Tight intrinsic muscles of hand

Procedure	With MCP joint extended, attempt PIP flexion; then flex MCP and attempt PIP flexion again
Positive	PIP flexion limited with MCP extended but improved with MCP flexion — tight intrinsics (not capsule)
Negative	PIP flexion equal in both positions
Finding	Positive / Negative Remarks: _____

Froment's Sign	
Purpose	Adductor pollicis paralysis — ulnar nerve palsy
Procedure	Patient holds paper between thumb and index finger (lateral pinch). Examiner tries to pull paper away.
Positive	IP joint of thumb flexes (FPL compensates) to maintain grip — ulnar nerve palsy / adductor pollicis weakness
Negative	Straight thumb maintains grip without IP flexion
Finding	Positive / Negative Remarks: _____

SECTION 10 — THORACIC SPINE ASSESSMENT

10.1 Active Range of Motion — Thoracic

Movement	Normal	Finding	Pain Y/N
Flexion	Fingertip to mid-shin level	___ cm from floor	
Extension	0–25°		
L Rotation	0–35°		
R Rotation	0–35°		
L Lateral Flexion	0–25°		
R Lateral Flexion	0–25°		

10.2 Palpation — Thoracic

Spinous processes T1–T12	Tenderness — Level(s): _____
Costovertebral joints	Tenderness: Yes / No — Level: _____
Paraspinal muscles	Tenderness Grade ___/4 | Spasm: Yes / No
Rhomboids	Tenderness: Yes / No | Tightness: Yes / No
Mid trapezius	Tenderness: Yes / No | Tightness: Yes / No

10.3 Special Tests — Thoracic

Thoracic Spring Test (PA Pressure)	
Purpose	Segmental thoracic dysfunction / joint restriction
Procedure	Patient prone. Central posterior-anterior (PA) pressure applied over spinous processes T1–T12 one level at a time.
Positive	Reproduction of local pain or referred symptoms at specific level
Negative	No reproduction of symptoms beyond expected local discomfort
Finding	Positive / Negative Remarks: _____

Slump Test (Thoracic Component)	
Purpose	Impingement of dura and spinal cord / thoracic nerve roots
Procedure	Sitting: slump thoracic/lumbar → chin to chest → knee extension → ankle DF → neck extension releases symptoms
Positive	Symptoms reproduced and changed by cervical position — neural tension / dural impingement
Negative	No symptoms or not altered by cervical position
Finding	Positive / Negative Remarks: _____

Rib Compression Test	
Purpose	Rib fracture / costovertebral joint dysfunction
Procedure	AP or lateral compression of rib cage with both hands
Positive	Pain at specific rib/fracture site reproduced by remote compression
Negative	No pain reproduced
Finding	Positive / Negative Remarks: _____

SECTION 11 — LUMBAR SPINE ASSESSMENT

11.1 Active Range of Motion — Lumbar

Movement	Normal	Finding	Pain Y/N	Directional Preference
Flexion	Fingertips <10cm from floor	___ cm		Centralises / Peripheralises
Extension	0–25°			Centralises / Peripheralises
L Lateral Flexion	0–25°			
R Lateral Flexion	0–25°			
L Rotation	0–30°			
R Rotation	0–30°			

Schober's Test: Mark S1 and 10cm above. After max flexion: ___ cm (Normal >15cm total — i.e., ≥5cm increase)

11.2 Neurological — Dermatomes, Myotomes & Reflexes (Lumbar)

Level	Reflex	Myotome (Key Movement)	Dermatome	Grade R /5	Grade L /5
L2	—	Hip flexion	Anterior upper thigh		
L3	Patellar	Knee extension	Anterior mid-thigh to knee		
L4	Patellar	Ankle dorsiflexion	Medial lower leg, medial foot		
L5	—	Big toe extension (EHL)	Lateral lower leg, dorsum foot		
S1	Achilles	Ankle plantarflexion	Lateral foot, heel, sole		
S2	—	Knee flexion	Posterior thigh		

11.3 Palpation — Lumbar Spine

Spinous Processes L1–L5 / S1	Tenderness — Level(s): _____
PSIS / SI Joint	Tenderness R / L: Yes / No
Paraspinals (iliocostalis, longissimus, multifidus)	Tenderness Grade ___/4 | Spasm: Yes / No
Quadratus Lumborum (lateral waist)	Tenderness: Yes / No | Tightness: Yes / No
Piriformis (deep gluteal)	Tenderness: Yes / No | Tightness: Yes / No
Greater Trochanteric Bursa	Tenderness: Yes / No

11.4 Key Muscles — MMT Lumbar / Core

Muscle	Nerve Root	Action	Grade R /5	Grade L /5

Lumbar Erector Spinae	Dorsal rami L1–L5	Lumbar extension		
Multifidus	Dorsal rami	Segmental stability		
Iliopsoas (Iliacus + Psoas major)	Femoral / L1–L3	Hip flexion		
Quadratus Lumborum	T12–L4	Lateral flexion / hip hike		
Gluteus Maximus	Inferior gluteal L5–S2	Hip extension		
Gluteus Medius	Superior gluteal L4–S1	Hip abduction		
Piriformis	S1–S2	Hip external rotation		
Transversus Abdominis	Intercostal T7–T12	Core / IAP	Activation: Yes / No	
Abdominals (Rectus / Obliques)	T5–T12	Trunk flexion / rotation		

11.5 Special Tests — Lumbar Spine

Straight Leg Raise (SLR) / Lasegue's Test	
Purpose	Sciatic nerve / L4–S1 nerve root irritation — disc prolapse
Procedure	Supine. Passive hip flexion with knee extended. Note angle at onset of symptoms.
Positive	Radicular pain below knee between 30–70° — nerve root irritation (not just hamstring tightness)
Negative	No leg pain below knee; hamstring tightness only at >70° is normal
Finding	Positive / Negative Remarks: _____

Crossed SLR	
Purpose	Disc herniation with nerve root compression (highly specific)
Procedure	SLR performed on pain-FREE leg reproduces radicular symptoms in symptomatic leg
Positive	Contralateral leg pain reproduced — large disc herniation (specificity ~90%)
Negative	No contralateral symptoms reproduced
Finding	Positive / Negative Remarks: _____

Slump Test	
Purpose	Neuromeningeal tract — lumbar nerve root / dural tension
Procedure	Sitting: slump → chin to chest → knee extension → ankle DF → then release neck. Compare sides.

Positive	Symptoms reproduced when neck flexed; relieved when neck extended — neural tension positive
Negative	Symptoms not reproduced or not altered by cervical position
Finding	Positive / Negative Remarks: _____

Femoral Nerve Stretch / Prone Knee Bend Test	
Purpose	L2, L3, L4 nerve root irritation (anterior thigh pain)
Procedure	Prone, examiner passively flexes knee toward buttock
Positive	Anterior thigh pain reproduced — femoral nerve / L2–L4 root tension
Negative	No anterior thigh pain
Finding	Positive / Negative Remarks: _____

FABER Test / Patrick's Test	
Purpose	SI joint / hip joint / iliopsoas pathology
Procedure	Supine. Hip Flexion + ABduction + External Rotation (figure-4). Observe passive drop and location of pain.
Positive	Pain in buttock/SIJ: sacroiliac pathology. Pain in groin: hip joint pathology. Iliopsoas spasm: inability to position
Negative	No pain; leg drops to horizontal symmetrically
Finding	Positive / Negative Remarks: _____

Valsalva Maneuver	
Purpose	Herniated disc / tumour / increased intrathecal pressure
Procedure	Patient takes deep breath and bears down (strain). Monitor for increase in back or leg symptoms.
Positive	Increased back pain or radicular symptoms — space-occupying lesion or disc prolapse
Negative	No increase in symptoms
Finding	Positive / Negative Remarks: _____

Schober's Test	
Purpose	Measure true lumbar flexion ROM
Procedure	Two skin marks: one at S1 (inter-PSIS level), one 10cm above. Measure increase in distance on full flexion.
Positive	<5cm increase = restricted lumbar flexion (normal = ≥5cm increase, reaching 15cm total)

Negative	≥5cm increase = normal lumbar flexion
Finding	Positive / Negative Remarks: _____

Stoop Test	
Purpose	Neurogenic intermittent claudication (lumbar stenosis)
Procedure	Patient walks until symptoms appear (back/leg pain, paraesthesia). Then stoops (flexes) forward.
Positive	Symptoms relieved by forward flexion / stooping — neurogenic claudication (stenosis)
Negative	Symptoms not relieved by flexion / resolve with rest only (vascular claudication)
Finding	Positive / Negative Remarks: _____

ASLR (Active Straight Leg Raise)	
Purpose	Lumbopelvic stability / SIJ dysfunction
Procedure	Supine. Actively lift each leg 20cm. Assess effort and symmetry. Then apply pelvic compression and re-test.
Positive	Difficulty / asymmetry improved with compression — poor lumbopelvic motor control or SIJ instability
Negative	Easy, symmetrical, not improved by compression
Finding	Positive / Negative Remarks: _____

SECTION 12 — PELVIS & SACROILIAC JOINT (SIJ) ASSESSMENT

12.1 SIJ Provocation Tests

Compression Test (Approximation Test)	
Purpose	SIJ dysfunction / posterior SIJ ligament sprain
Procedure	Patient sidelying. Examiner applies medial compression to upper iliac crest.
Positive	Unilateral or bilateral posterior SIJ pain reproduced — SI ligament or joint pathology
Negative	No posterior SIJ pain
Finding	Positive / Negative Remarks: _____

Distraction Test (Gapping Test)	
Purpose	Anterior SIJ ligament sprain
Procedure	Supine. Examiner applies bilateral anterolateral pressure to ASIS, spreading iliac crests apart.
Positive	Posterior SIJ pain reproduced (gapping stresses anterior ligaments) — SI sprain
Negative	No posterior SIJ pain
Finding	Positive / Negative Remarks: _____

Sacroiliac Rocking Test	
Purpose	Sacrotuberous ligament / SI strain
Procedure	Patient sidelying. Examiner rocks pelvis through the ilium repetitively.
Positive	Posterior SIJ pain reproduced — sacrotuberous ligament or SIJ dysfunction
Negative	No SIJ pain on rhythmic rocking
Finding	Positive / Negative Remarks: _____

Thigh Thrust Test	
Purpose	SIJ posterior shear pathology
Procedure	Supine, hip at 90° flexion. Examiner applies posterior-directed force through femur (axial load through hip into SIJ).
Positive	Posterior SIJ pain on the loaded side — most sensitive SIJ test
Negative	No posterior SIJ pain
Finding	Positive / Negative Remarks: _____

Gaenslen's Test	
Purpose	Ipsilateral SIJ lesion / hip or lumbar pathology

Procedure	Patient supine at edge of table. One hip and knee brought to chest; other leg lowered off table into extension. Examiner applies overpressure.
Positive	Pain in ipsilateral posterior SIJ — SIJ lesion (also stresses hip and lumbar spine)
Negative	No SIJ or hip pain
Finding	Positive / Negative Remarks: _____

Yeoman's Test	
Purpose	SIJ / sacral ligament pathology
Procedure	Prone. Examiner flexes knee to 90° and extends hip while applying PA pressure over SIJ.
Positive	Pain in SIJ / sacral area — posterior SIJ ligament or hip pathology
Negative	No SIJ pain on combined movement
Finding	Positive / Negative Remarks: _____

SLR for Pelvis (Lague's Test for SIJ)	
Purpose	SIJ problems / differentiation from lumbar
Procedure	Standard SLR performed; note location of pain — lumbar vs posterior SIJ
Positive	Posterior iliac pain or SIJ region pain (vs lumbar/sciatic) — SIJ rather than neural tension
Negative	No SIJ-region pain; neural tension pattern instead
Finding	Positive / Negative Remarks: _____

SECTION 13 — HIP JOINT ASSESSMENT

13.1 Active Range of Motion — Hip

Movement	Normal	R Finding	L Finding	Pain Y/N
Flexion	0–120°			
Extension	0–20°			
Internal Rotation	0–35°			
External Rotation	0–45°			
Abduction	0–45°			
Adduction	0–30°			

13.2 Palpation — Hip

ASIS	Tenderness: Yes / No
Greater Trochanter / Bursa	Tenderness Grade ___/4
Inguinal Ligament / Groin	Tenderness: Yes / No
ITB (lateral thigh)	Tenderness / Tightness: Yes / No
Piriformis (deep gluteal)	Tenderness: Yes / No
Gluteus Medius (post iliac crest)	Tenderness Grade ___/4
Redness	Absent / Present
Swelling	Absent / Present

13.3 Key Muscles — MMT Hip

Muscle	Nerve Root	Action	Grade R /5	Grade L /5
Iliopsoas	Femoral / L1–L3	Hip flexion		
Gluteus Maximus	Inferior gluteal L5–S2	Hip extension		
Gluteus Medius	Superior gluteal L4–S1	Hip abduction / stabilisation		
Gluteus Minimus	Superior gluteal L4–S1	Hip abduction / IR		
TFL / ITB	Superior gluteal L4–S1	Hip flexion / abduction		
Piriformis	S1–S2	Hip external rotation		
Hip Adductors (Adductor longus, brevis, magnus)	Obturator / Sciatic L2–L4	Hip adduction		
Hamstrings (BF, ST, SM)	Sciatic L5–S2	Hip extension / knee flexion		
Rectus Femoris	Femoral L2–L4	Hip flexion / knee extension		

13.4 Special Tests — Hip

Thomas Test	
Purpose	Hip flexor tightness — iliopsoas / rectus femoris
Procedure	Supine, one knee brought to chest. Observe contralateral hip.
Positive	Contralateral hip rises off table — hip flexor tightness. Knee flexion = rectus femoris; no knee flexion = iliopsoas
Negative	Contralateral thigh remains flat on table
Finding	Positive / Negative Remarks: _____

Rectus Femoris Contracture Test (Ely's Test)	
Purpose	Rectus femoris tightness
Procedure	Prone. Examiner passively flexes knee toward buttock.
Positive	Hip rises off table / spontaneous hip flexion — rectus femoris tightness
Negative	No hip rise on passive knee flexion
Finding	Positive / Negative Remarks: _____

Ober's Test	
Purpose	TFL / ITB tightness — iliotibial band contracture
Procedure	Sidelying, bottom leg flexed. Top hip extended + abducted, then released. Observe if leg drops.
Positive	Leg remains elevated (fails to adduct to neutral) — TFL / ITB tightness
Negative	Leg drops to neutral or below — normal flexibility
Finding	Positive / Negative Remarks: _____

Trendelenburg Test	
Purpose	Gluteus medius weakness
Procedure	Patient stands on one leg for 30 seconds. Observe contralateral pelvis.
Positive	Contralateral pelvis drops — ipsilateral gluteus medius weakness (Trendelenburg positive)
Negative	Pelvis remains level or rises slightly on contralateral side
Finding	Positive / Negative Remarks: _____

Stinchfield Test	
Purpose	Hip joint pathology — intra-articular
Procedure	Supine. Active SLR to 20–30° with resistance at knee.

Positive	Groin pain reproduced — intra-articular hip pathology (labral tear, FAI, AVN)
Negative	No groin pain with resisted SLR
Finding	Positive / Negative Remarks: _____

FABER Test / Patrick's Test	
Purpose	Hip joint / SIJ / iliopsoas pathology
Procedure	Supine. Hip Flexion + ABduction + External Rotation (figure-4). Note symmetry and pain location.
Positive	Groin pain: hip joint pathology. Buttock/SIJ pain: SIJ dysfunction. Inability to position: iliopsoas spasm
Negative	No pain; symmetric drop of knee toward table
Finding	Positive / Negative Remarks: _____

FADIR Test	
Purpose	Femoroacetabular impingement (FAI)
Procedure	Passive hip Flexion + ADduction + Internal Rotation combined
Positive	Groin pain reproduced — FAI (cam or pincer morphology)
Negative	No groin pain
Finding	Positive / Negative Remarks: _____

Piriformis Test (Freiberg's Modification)	
Purpose	Piriformis syndrome / sciatic irritation
Procedure	Hip and knee at 90°. Passive internal rotation of hip applied.
Positive	Pain in deep gluteal area / reproduction of sciatic symptoms — piriformis tightness or sciatic entrapment
Negative	No pain or sciatic symptoms
Finding	Positive / Negative Remarks: _____

Craig's Test	
Purpose	Femoral anteversion assessment
Procedure	Prone, knee bent 90°. Palpate greater trochanter. Rotate hip until trochanter is most lateral (parallel to table).
Positive	Anteversion >15° from vertical — excessive femoral anteversion; may contribute to knee/hip biomechanics

Negative	Within 15° normal range
Finding	Positive / Negative Remarks: _____

SECTION 14 — KNEE JOINT ASSESSMENT

14.1 Active Range of Motion — Knee

Movement	Normal	R Finding	L Finding	Pain Y/N	End Feel
Flexion	0–135°				Soft tissue approx
Extension	0° (full)				Bone to bone
Hyperextension	0–10°				

True locking (unable to fully extend): Yes / No Pseudo-locking (pain stops movement): Yes / No
Giving way: Yes / No Clicking: Yes / No Q-angle: R ___° / L ___° (Normal: M<15°, F<20°)

14.2 Palpation — Knee

Structure	Tenderness (0–4)	Swelling	Other Findings
Medial Joint Line		Yes / No	Meniscus / MCL
Lateral Joint Line		Yes / No	Meniscus / LCL
Patella (borders / underside)			Crepitus: Y/N
Patellar Tendon		Yes / No	
Tibial Tuberosity			Osgood-Schlatter: Y/N
Gerdy's Tubercle (ITB insertion)			
Pes Anserine Bursa (medial proximal tibia)		Yes / No	
Popliteal Fossa		Yes / No	Baker's Cyst: Y/N
Effusion — Bulge Sign			Present / Absent
Patellar Tap Test			Present / Absent

14.3 Key Muscles — MMT Knee

Muscle	Nerve Root	Action	Grade R /5	Grade L /5
Quadriceps (RF, VM, VL, VI)	Femoral L2–L4	Knee extension		
VMO (Vastus Medialis Oblique)	Femoral L2–L4	Patellar tracking / terminal extension		
Hamstrings (BF, ST, SM)	Sciatic L5–S2	Knee flexion		
Gastrocnemius	Tibial S1–S2	Knee flexion assist / plantarflexion		
Popliteus	Tibial L4–S1	Knee IR / unlocking in flexion		

14.4 Reflexes — Knee

Reflex	Level	R Grade (0–4+)	L Grade (0–4+)
Patellar Jerk (Knee Jerk)	L3–L4		

14.5 Special Tests — Knee

Lachman's Test	
Purpose	Anterior Cruciate Ligament (ACL) — most sensitive
Procedure	Supine, knee at 20–30° flexion. Stabilise femur, translate tibia anteriorly.
Positive	Excessive anterior translation with soft/absent end feel — ACL tear. Grade: I <5mm / II 5–10mm / III >10mm
Negative	Firm end feel, minimal translation
Finding	Positive / Negative Remarks: _____

Anterior Drawer Test	
Purpose	ACL — less sensitive than Lachman
Procedure	Supine, hip 45°, knee 90°. Pull tibia anteriorly.
Positive	Excessive anterior translation >6mm or soft end feel
Negative	Firm end feel
Finding	Positive / Negative Remarks: _____

Posterior Drawer Test	
Purpose	Posterior Cruciate Ligament (PCL)
Procedure	Same position. Push tibia posteriorly.
Positive	Excessive posterior translation or sag sign
Negative	Firm end feel
Finding	Positive / Negative Remarks: _____

Pivot Shift Test	
Purpose	ACL — rotatory instability
Procedure	Supine, knee extended. Apply valgus + IR. Slowly flex knee — tibial plateau reduces with a clunk.
Positive	Clunk at 20–40° during flexion arc — ACL + rotatory instability
Negative	No clunk sensation during movement
Finding	Positive / Negative Remarks: _____

Valgus Stress Test	
Purpose	Medial Collateral Ligament (MCL)
Procedure	Knee at 0° and 30°. Apply valgus force.
Positive	30°: MCL laxity/pain. 0°: Combined MCL + ACL + posterior capsule
Negative	Firm end feel, no laxity

Finding	Positive / Negative Remarks: _____

Varus Stress Test	
Purpose	Lateral Collateral Ligament (LCL)
Procedure	Knee at 0° and 30°. Apply varus force.
Positive	LCL laxity/pain — LCL injury (with or without PLC)
Negative	Firm end feel, no laxity
Finding	Positive / Negative Remarks: _____

McMurray's Test	
Purpose	Meniscal tear
Procedure	Supine, flex knee fully. Valgus+ER = medial meniscus; Varus+IR = lateral meniscus. Extend knee.
Positive	Click or pain at joint line — meniscal tear (posterior horn most common)
Negative	No click, no joint line pain
Finding	Positive / Negative Remarks: _____

Apley's Grind Test	
Purpose	Meniscal tear (vs ligamentous)
Procedure	Prone, knee 90°. Axial compression + rotation.
Positive	Pain at joint line — meniscal pathology
Negative	No joint line pain
Finding	Positive / Negative Remarks: _____

Apley's Distraction Test	
Purpose	Ligamentous (differentiates from meniscal)
Procedure	Same position. Distraction + rotation.
Positive	Pain with distraction — ligamentous (not meniscal) origin
Negative	No pain with distraction
Finding	Positive / Negative Remarks: _____

Bounce Home Test	
Purpose	Meniscal injury — extension block
Procedure	Supine. Passively flex knee then rapidly allow it to drop to full extension.
Positive	Extension blocked or springy end feel — meniscal block to full extension

Negative	Full, pain-free extension with normal end feel
Finding	Positive / Negative Remarks: _____

Thessaly Test (Weight-bearing Meniscus Test)	
Purpose	Meniscal tear — functional weight-bearing position
Procedure	Standing on one leg, knee at 20°, rotate body 3× internally and externally. Examiner supports hands.
Positive	Medial or lateral joint line pain / catching sensation — meniscal tear (Sensitivity 66–89%, Specificity 93%)
Negative	No joint line symptoms
Finding	Positive / Negative Remarks: _____

Clarke's Sign / Patellar Grind Test	
Purpose	Patellofemoral syndrome (PFS)
Procedure	Patient supine, knee extended. Examiner compresses patella distally. Patient contracts quad.
Positive	Pain under/around patella on contraction — patellofemoral dysfunction
Negative	No patellar pain on contraction
Finding	Positive / Negative Remarks: _____

McConnell Test	
Purpose	Chondromalacia patella / PFS
Procedure	Assess pain during activity (e.g. step test). Apply medial patellar glide tape. Re-test activity.
Positive	Symptoms reduced with medial patellar taping — confirms patellofemoral malalignment
Negative	No symptom change with taping
Finding	Positive / Negative Remarks: _____

Mediopatellar Plica Test	
Purpose	Mediopatellar plica irritation
Procedure	Supine, knee flexed 30°. Examiner moves patella medially and palpates medial plica with finger.
Positive	Pain or snapping at medial patella — plica irritation
Negative	No medial patellar pain on compression
Finding	Positive / Negative Remarks: _____

Fluctuation Test

Purpose	Knee joint effusion
Procedure	One hand above, one below patella. Press on suprapatellar pouch — observe fluid wave.
Positive	Fluid wave transmitted — effusion present
Negative	No fluid wave
Finding	Positive / Negative Remarks: _____

Fairbank's Apprehension Test	
Purpose	Patellar dislocation — lateral instability
Procedure	Knee in extension, push patella laterally while slowly flexing knee.
Positive	Patient apprehension / contraction to prevent dislocation — patellar instability
Negative	No apprehension
Finding	Positive / Negative Remarks: _____

Noble Compression Test	
Purpose	ITB friction syndrome
Procedure	Pressure 2–3cm proximal to lateral femoral epicondyle. Knee at 30° flexion.
Positive	Sharp lateral knee pain — ITB friction syndrome
Negative	No lateral knee pain at this point
Finding	Positive / Negative Remarks: _____

SECTION 15 — ANKLE & FOOT ASSESSMENT

15.1 Active Range of Motion — Ankle & Foot

Movement	Normal	R Finding	L Finding	Pain Y/N
Dorsiflexion	0–20°			
Plantarflexion	0–50°			
Inversion (subtalar)	0–35°			
Eversion (subtalar)	0–15°			
Great Toe Extension (MTP)	0–70°			
Great Toe Flexion	0–45°			

15.2 Ottawa Ankle & Foot Rules (Apply post-trauma)

Rule	Criteria	X-ray Required?
Ankle — Fibula	Bony tenderness over posterior 6cm or tip of lateral malleolus	Yes if present
Ankle — Tibia	Bony tenderness over posterior 6cm or tip of medial malleolus	Yes if present
Ankle — Weight-bearing	Unable to weight-bear 4 steps immediately and in clinic	Yes if present
Foot — 5th MT	Bony tenderness at base of 5th metatarsal	Yes if present
Foot — Navicular	Bony tenderness at navicular bone	Yes if present

Ottawa Rules applicable: Yes / No X-ray advised: Yes / No

15.3 Palpation — Ankle & Foot

Structure	Tenderness (0–4)	Swelling	Other
ATFL (ant. to lat. malleolus)		Yes / No	Most common sprain
CFL (below lat. malleolus)		Yes / No	
PTFL		Yes / No	
Deltoid Ligament (medial)		Yes / No	
Lateral Malleolus (distal 6cm)		Yes / No	Ottawa: Y/N
Medial Malleolus		Yes / No	Ottawa: Y/N
5th Metatarsal Base		Yes / No	Ottawa: Y/N
Navicular		Yes / No	Ottawa: Y/N
Achilles Tendon — Mid-portion		Yes / No	Arc sign: Y/N
Achilles Tendon — Insertional		Yes / No	
Sinus Tarsi		Yes / No	
Plantar Fascia (medial calcaneal tubercle)		Yes / No	
Tibialis Posterior Tendon (medial)		Yes / No	
Peroneal Tendons (lateral)		Yes / No	

Metatarsal Heads		Yes / No	Morton's neuroma: Y/N

15.4 Key Muscles — MMT Ankle & Foot

Muscle	Nerve Root	Action	Grade R /5	Grade L /5
Tibialis Anterior	Deep peroneal L4–L5	Dorsiflexion + inversion		
Extensor Hallucis Longus	Deep peroneal L5	Big toe extension / DF		
Extensor Digitorum Longus	Deep peroneal L4–L5	Toe extension / DF		
Gastrocnemius	Tibial S1–S2	Plantarflexion (knee extended)		
Soleus	Tibial S1–S2	Plantarflexion (knee flexed)		
Tibialis Posterior	Tibial L4–L5	Plantarflexion + inversion		
Peroneus Longus / Brevis	Superficial peroneal L5–S1	Eversion + plantarflexion		
Flexor Hallucis Longus	Tibial S2–S3	Big toe flexion		
Flexor Digitorum Longus	Tibial S2–S3	Toe flexion / plantarflexion		

Single heel raise (calf endurance): ___ repetitions (Normal >25) Single leg stance: ___ seconds (Normal: >30s eyes open)

15.5 Reflexes — Ankle

Reflex	Level	R Grade (0–4+)	L Grade (0–4+)
Achilles Jerk (Ankle Jerk)	S1–S2		

15.6 Special Tests — Ankle & Foot

Anterior Drawer Test	
Purpose	ATFL integrity — lateral ankle instability
Procedure	Foot in 20° plantarflexion, stabilise tibia. Pull calcaneum anteriorly.
Positive	Excessive anterior translation >5mm or dimpling anterior to lateral malleolus — ATFL tear
Negative	Firm end feel, no excessive translation
Finding	Positive / Negative Remarks: _____

Talar Tilt Test	
Purpose	CFL integrity
Procedure	Ankle in neutral. Apply inversion stress force.
Positive	Excessive inversion >5° compared to contralateral side or laxity — CFL tear

Negative	Firm end feel, symmetric with contralateral
Finding	Positive / Negative Remarks: _____

Thompson's Test	
Purpose	Achilles tendon rupture
Procedure	Patient prone. Examiner squeezes calf muscle.
Positive	No plantarflexion — complete Achilles tendon rupture
Negative	Plantarflexion visible — tendon intact
Finding	Positive / Negative Remarks: _____

Windlass Test	
Purpose	Plantar fasciitis / plantar fascia integrity
Procedure	Weight-bearing or non-weight-bearing. Passively dorsiflex great toe at MTP joint.
Positive	Medial heel or plantar fascia pain reproduced — plantar fasciitis
Negative	No pain reproduced on great toe extension
Finding	Positive / Negative Remarks: _____

SECTION 16 — TESTS FOR MALINGERING (INCONSISTENCY SCREENING)

Note: These tests assess consistency of presentation. A positive finding suggests possible non-organic contribution — NOT definitive proof of malingering. Use alongside Waddell's signs and clinical judgement.

Hoover Test	
Purpose	Malingering for back pain / unilateral leg weakness
Procedure	Supine. Examiner places hands under both heels. Patient asked to lift affected leg.
Positive	Normal: contralateral heel press increases when lifting. Positive (malingering): no counterpressure when lifting affected leg (or excessive counterpressure with good leg)
Negative	Appropriate counterpressure detected — consistent with genuine effort
Finding	Positive / Negative Remarks: _____

Burns Test	
Purpose	Malingering for back pain — ability to kneel on a stool
Procedure	Patient asked to kneel on a stool (18 inches high) and attempt to touch the floor
Positive	Able to kneel and reach floor without difficulty — inconsistent with reported severe limitation. Positive for inconsistency.
Negative	Unable to perform — consistent with genuine severe limitation
Finding	Positive / Negative Remarks: _____

16.1 Waddell's Non-Organic Signs (Collectively assess 5 categories)

Category	Test	Positive Finding
Tenderness	Superficial / non-anatomical: widespread tenderness to light skin touch over a large area	Diffuse tenderness inconsistent with anatomy
Simulation	Axial loading (press on head) / Rotation (pelvis + shoulders rotate together)	Pain reported with loading that shouldn't produce pain
Distraction	SLR seated vs supine comparison	Marked discrepancy between distracted and formal testing
Regional	Regional weakness / sensory change — non-dermatomal / non-myotomal pattern	Weakness or numbness not following anatomical pattern
Over-reaction	Disproportionate verbal/non-verbal response to examination	Disproportionate grimacing, collapse, tremor

Waddell's Signs Present (count categories, not individual tests): ___ / 5 (3+ = significant non-organic contribution)

SECTION 17 — NERVE ROOT QUICK REFERENCE (Upper & Lower Limb)

Root	Reflex	Key Muscle / Movement	Sensory Area	Common Pathology
C4	—	Shoulder shrug (upper trap)	Shoulder cape	Cervical disc C3/4
C5	Biceps, Brachioradialis	Shoulder ABD / Elbow flexion	Lateral arm / deltoid patch	Disc C4/5, shoulder pain
C6	Biceps, Brachioradialis	Wrist extension / Elbow flexion	Lat forearm, thumb, index	Disc C5/6 — most common
C7	Triceps	Elbow extension / Wrist flexion	Middle finger	Disc C6/7 — most common
C8	—	Finger flexion	Ring & little finger, medial forearm	Disc C7/T1
T1	—	Finger abduction (interossei)	Medial forearm / axilla	Thoracic outlet, Pancoast
L2	—	Hip flexion	Anterior upper thigh	Disc L1/2, hip pathology
L3	Patellar	Knee extension	Anterior mid-thigh to knee	Disc L2/3, hip OA
L4	Patellar	Ankle dorsiflexion	Medial lower leg, medial foot	Disc L3/4
L5	—	EHL / Big toe extension	Lateral lower leg, dorsum foot	Disc L4/5 — most common
S1	Achilles	Ankle plantarflexion	Lateral foot, heel, sole	Disc L5/S1 — most common
S2	—	Knee flexion	Posterior thigh	Disc L5/S1, piriformis

SECTION 18 — SOAP CLINICAL DOCUMENTATION TEMPLATE

S — Subjective

Chief Complaint (patient's words)	
HPI — Mechanism, Duration, Onset	
PMH / Medications / Allergies	
Red Flags Screened	No red flags identified / Positive flag(s): _____
Yellow Flags	Low / Medium / High risk — Details: _____
Patient's Functional Goal	

O — Objective

Observation — Posture	
Gait	Normal / Antalgic / Trendelenburg / Other: _____
Redness	Absent / Present — Location: _____
Swelling	Absent / Present — Type: ___ Location: _____
Muscle Wasting	Absent / Present — Location: _____
AROM (restricted movements)	[movement]: ___°, pain: Y/N
PROM / End feel	
Palpation findings	e.g. Upper trapezius R — Tenderness 2/4, tightness present, trigger point at mid-belly
MMT findings	e.g. Supraspinatus R 4/5 — pain on resistance
Sensation	Intact in dermatomes ___ / Reduced: ___
Reflexes	Biceps: R___+ L___+ | Brachioradialis: R___+ L___+ | Triceps: R___+ L___+ | Patellar: R___+ L___+ | Achilles: R___+ L___+
Special Tests	e.g. Spurling's R — Positive (C6 arm pain). Lachman's R — Negative (firm end feel).
Investigations	X-ray / MRI / Ultrasound / Blood tests — Results: _____

A — Assessment

Primary / Working Diagnosis	
Differential Diagnosis	
Findings supporting diagnosis	
Reduced AROM	Specify movement, degree, joint
Muscle weakness	Muscle, grade, side
Neural tension	Nerve, ULTT/SLR finding
Joint hypomobility / hypermobility	Specify

Postural dysfunction	Specify
SIN Factors — Severity	Mild / Moderate / Severe
SIN Factors — Irritability	Low / Medium / High
SIN Factors — Nature	Mechanical / Inflammatory / Neuropathic / Mixed
Functional limitation summary	Work / ADL / Sport / Sleep impact

P — Plan

Short-term Goals (4 weeks)	1. _____ 2. _____ 3. _____
Long-term Goals (8–12 weeks)	1. _____ 2. _____
Electric Modalities	TENS / Ultrasound / Interferential / LASER / NMES / Heat / Ice
Manual Therapy	Joint mobilisation (Grade: I/II/III/IV) / Manipulation / STR / MFR / Neural mob
Exercise Therapy	Strengthening / Stretching / Stabilisation / Proprioception / Hydrotherapy
Splints & Assistive Devices	Splint type / Walking aid / Orthosis / Brace
Home Programme (HEP)	Exercises prescribed: _____ Frequency: ___ Sets/Reps: ___
Patient Education	Posture / Ergonomics / Activity modification / Pacing / Pain neuroscience
Referral	GP / Specialist / Imaging / Orthopaedics / Rheumatology / Psychologist / None
Sessions	___ sessions / week for ___ weeks
Next Review / Reassessment	
Clinician Signature	Date: _____

Investigations Summary

X-Ray	Requested / Reviewed — Findings: _____
MRI	Requested / Reviewed — Findings: _____
Ultrasound	Requested / Reviewed — Findings: _____
Blood Tests	ESR / CRP / RF / Anti-CCP / FBC / HbA1c / Uric acid — Results: _____
Clinical Impression	
Differential Diagnosis	
Findings for Final Impression	
Final Diagnosis	

ADL Assessment: Independent / Requires assistance with: _____ Transfers: Independent / Assisted
Ambulation: Gait / Wheelchair — Independent / Dependent

VAS/NRS at review: At rest ___/10 On movement ___/10 Average ___/10

Complete Physiotherapy Assessment Guide

Educational Resource

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Clinical Correlates

This educational resource is designed to support physiotherapy students, clinicians, and healthcare professionals in understanding musculoskeletal assessment, clinical reasoning, movement analysis, and evidence-based rehabilitation principles.

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Cross-Reference Guide

Readers are encouraged to cross-reference:

- Anatomical structures
- Biomechanics principles
- Orthopaedic testing
- Neurological assessment
- Functional movement analysis
- Evidence-based physiotherapy practice

with current clinical guidelines and research literature.

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